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|-------------|--|------------------------|-------------|---------------|----------|
| H-hold name | | Social Security Number | 000-00-0000 | Date Modified | 01/00/00 |
|-------------|--|------------------------|-------------|---------------|----------|

17 Family Self-Sufficiency (FSS)/ Welfare to Work (WtW) Voucher Addendum

| | | |
|---|---|--|
| 17a. Participate in special programs? (check all that apply) | <input type="checkbox"/> FSS | <input type="checkbox"/> Welfare to Work Voucher |
| 17b. FSS report category (check no more than one) | <input type="checkbox"/> Enrollment | <input type="checkbox"/> Progress <input type="checkbox"/> Exit |
| 17c. FSS effective date (mm/dd/yyyy) of action | 17c. | |
| 17d. PHA code of PHA administering FSS contract | 17d. | |
| 17e. WtW report category (check no more than one) | <input type="checkbox"/> Enrollment | <input type="checkbox"/> Progress <input type="checkbox"/> Exit |
| 17f. WtW effective date (mm/dd/yyyy) of action | 17f. | |
| 17g. (1) PHA code of PHA that issued the WtW Voucher | 17g(l). | |
| (2) PHA code of PHA counting the family as enrolled in its WtW Voucher program (if different from 17g(l)) | 17g(2). | |
| 17h. General Information | | |
| (1) Current employment status of head of household. Check the box to indicate the head of household's employment status at the time addendum completed. | | |
| <input type="checkbox"/> Full-time (32 hours per week or more) | <input type="checkbox"/> Part-time | <input type="checkbox"/> Not employed |
| (2) Date (mm/dd/yy) current employment began | 17h(2). | |
| (3) Benefits in current employment:(check all that apply) | <input type="checkbox"/> Health | <input type="checkbox"/> Retirement account <input type="checkbox"/> Other |
| (4) Years of school completed by the head of household. Enter the highest grade of education or years of formal schooling the head of household completed at the time Addendum is submitted. (0-25) | 17h(4). | |
| (5) Assistance received by the family: (check all that apply) | | |
| <input type="checkbox"/> TANF Income Assistance | <input type="checkbox"/> General Assistance | <input type="checkbox"/> Food Stamps |
| <input type="checkbox"/> Medicaid/Children's Health Insurance Program | <input type="checkbox"/> Earned Income Tax Credit | |
| (6) Number of children receiving childcare services | 17h(6). | |
| 17i. Family services table (optional for WtW Voucher) | | |

| | (1) NEED (Y OR N) | (2) Needs Met Through Program (Y or N) | (3) Service Provider |
|--|-------------------------|--|-------------------------|
| Education/Training | | | |
| GED | | | |
| High school | | | |
| Post secondary | | | |
| Vocational/Job training | | | |
| Job search/job placement | | | |
| Job retention | | | |
| Transportation | | | |
| Health services | | | |
| Alcohol and other drug abuse prevention services | | | |
| Mentoring | | | |
| Homeownership counseling | | | |
| Individual Development Account (IDA) | | | |
| Child care | | | |
| None | | | |

17i (3) Service Provider Codes:

P = PHA
T = TANF agency

D = DOL grantee
V = Voluntary organization

PR = For profit entity
N = Nonprofitagency

E = Employer
C = Community college

| | | | | | |
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Family Self Sufficiency Program (if not in FSS program, skip to 17n)

1 7j. FSS Contract Information

| | |
|---|-----------|
| (1) Initial start date (mm/yyyy) of contract of participation (FSS enrollment report only) | 17j(1). |
| (2) Initial end date (mm/yyyy) of contract of participation (FSS enrollment report only) | 1 7j (2). |
| (3) Contract date extended to (mm/yyyy) (if applicable) | 1 7j (3). |
| (4) Number of family members with Individual Training and Services Plan | 17j(4) |
| (5) Did the family receive selection preference because of a FSS related service program participation? (FSS enrollment report only) (Y or N) | 1 7j (5). |

17k. FSS account information

| | |
|---|---------|
| (1) Current FSS account monthly credit | 17k(l). |
| (2) Current FSS account balance | 17k(2). |
| (3) FSS account amount disbursed to the family (cumulative as of end of reporting period) | 17k(3). |

17m. FSS exit information (FSS Exit Report only)

| | |
|--|---------|
| (1) Did family complete contract of participation? (Y or N) | 17m(l). |
| (2) If (1) is Yes, did family move to homeownership? (Y or N) | 17m(2). |
| (3) If (1) is No, primary reason for exit: <input type="checkbox"/> Left voluntarily <input type="checkbox"/> Asked to leave program <input type="checkbox"/> Portability move-out <input type="checkbox"/> Left because essential service was unavailable <input type="checkbox"/> Contract expired but family did not fulfill obligations | |

Welfare to Work Voucher Program

17n. WtW program information

| | |
|---|---------|
| (1) Date (mm/dd/yyyy) Voucher issued (WtW enrollment report only) | 17n(l). |
| (2) Date (mm/dd/yyyy) of request for lease approval (RFLA) for a unit leased | 17n(2). |
| (3) Help in housing search from: <input type="checkbox"/> TANIF Agency <input type="checkbox"/> Other | 17n(3). |

17p. If assisted in a different unit, reason(s): (check all that apply) (WtW enrollment report only)

- ☐ Closer to day care
 ☐ Transportation
☐ Pre-program unit would not meet HQS
 ☐ Pre-program unit rent above payment standard, tenant rent too high
☐ Owner of pre-program unit unwilling to participate
 ☐ Closer to other services
☐ Employment

17q. Welfare to Work exit information (WtW exit report only)

| | |
|---|---------|
| (1) Is the family moving to homeownership? (Y or N) | 17q(l). |
| (2) Primary reason for leaving the WtW Voucher program: | |
| <input type="checkbox"/> Portability move-out | |
| <input type="checkbox"/> Family no longer needs subsidy | |
| <input type="checkbox"/> Subsidy terminated for Section 8 program violation, other than WtW obligations | |
| <input type="checkbox"/> Subsidy terminated for violation of WtW obligations | |
| <input type="checkbox"/> Family voluntarily withdrew from Section 8 program | |
| <input type="checkbox"/> Other | |